

Fill in this information to identify your case:

United States Bankruptcy Court for the:

District of New Jersey

Case number (If known): _____ Chapter you are filing under:

- ☐ Chapter 7
☒ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

About Debtor 1:

Jean-Paul

First name

Middle name

Romes

Last name

Suffix (Sr., Jr, II, III)

About Debtor 2 (Spouse Only in a Joint Case):

Lisa

First name

A.

Middle name

Romes

Last name

Suffix (Sr., Jr, II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

First name

Middle name

Last name

Business name (if applicable)

Business name (if applicable)

First name

Middle name

Last name

Business name (if applicable)

Business name (if applicable)

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 0 8 8 0

OR

9xx - xx - _ _ _ _

xxx - xx - 7 1 9 9

OR

9xx - xx - _ _ _ _

Debtor 1
Debtor 2

Jean-Paul
Lisa

A.

Romes
Romes

First Name

Middle Name

Last Name

Case number (if known) _____

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Your Employer Identification Number (EIN), if any.

EIN

EIN

EIN

EIN

5. Where you live

If Debtor 2 lives at a different address:

338 Chimney Rock Road, Suite A140

Number Street

Bound Brook, NJ 08805

City State ZIP Code

Somerset

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

5125 Glenbrook Road

Number Street

P.O. Box

Stroudsburg, PA 18360

City State ZIP Code

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

5125 Glenbrook Road

Number Street

P.O. Box

Stroudsburg, PA 18360

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☒ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Debtor operated Romes Urgent Care Services,

LLC- for the better part of the last 180 days in

New Jersey, the bulk of debt accumulated was

from operation of this business and all business

assets are located in NJ; a corporate chapter 7 or

assignment for benefit of creditors will be filed in

NJ

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☒ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Debtor operated Romes Urgent Care Services,

LLC- for the better part of the last 180 days in

New Jersey, the bulk of debt accumulated was

from operation of this business and all business

assets are located in NJ; a corporate chapter 7 or

assignment for benefit of creditors will be filed in

NJ

Debtor 1	Jean-Paul	Romes	
Debtor 2	Lisa	A. Romes	
	First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

- ☐ Chapter 7
☒ Chapter 11
☐ Chapter 12
☐ Chapter 13

8. How you will pay the fee

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

- ☒ No.
- ☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

- ☒ No.
- ☐ Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY
- Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?

- ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1	Jean-Paul	Romes	Case number (if known) _____
Debtor 2	Lisa	Romes	
	A.		
	First Name	Middle Name	Last Name

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

- ☒ No. Go to Part 4.
- ☐ Yes. Name and location of business

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a *small business debtor* or a debtor as defined by 11 U.S.C. § 1182(1)?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☐ No. I am not filing under Chapter 11.
- ☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
- ☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
- ☒ Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1
Debtor 2

Jean-Paul
Lisa

First Name

A.

Middle Name

Romes
Romes

Last Name

Case number (if known) _____

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

- 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?



No.



Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City

State

ZIP Code

Debtor 1	Jean-Paul	Romes	
Debtor 2	Lisa	A. Romes	
	First Name	Middle Name	Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1	Jean-Paul	Romes	Case number (if known) _____
Debtor 2	Lisa	Romes	
	A.		
	First Name	Middle Name	Last Name

Part 6: Answer These Questions for Reporting Purposes

- 16. What kind of debts do you have?**
- 16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☐ No. Go to line 16b.
- ☒ Yes. Go to line 17.
- 16b. Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- ☐ No. Go to line 16c.
- ☐ Yes. Go to line 17.
- 16c.** State the type of debts you owe that are not consumer debts or business debts.
- _____

- 17. Are you filing under Chapter 7?** ☒ No. I am not filing under Chapter 7. Go to line 18.
- ☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☐ No
- ☐ Yes
- Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

- 18. How many creditors do you estimate that you owe?**
- ☐ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000 ☐ 50,000-100,000 ☐ More than 100,000
- ☒ 50-99 ☐ 5,001-10,000
- ☐ 100-199 ☐ 10,001-25,000
- ☐ 200-999

- 19. How much do you estimate your assets to be worth?**
- ☐ \$0-\$50,000 ☒ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
- ☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
- ☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
- ☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

- 20. How much do you estimate your liabilities to be?**
- ☐ \$0-\$50,000 ☒ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
- ☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
- ☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
- ☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Jean-Paul Romes

Jean-Paul Romes, Debtor 1

Executed on 06/21/2024

MM/ DD/ YYYY

X /s/ Lisa A. Romes

Lisa A. Romes, Debtor 2

Executed on 06/21/2024

MM/ DD/ YYYY

Debtor 1
Debtor 2

Jean-Paul
Lisa

First Name

A.

Middle Name

Romes
Romes

Last Name

Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

/s/ Marc C Capone

Signature of Attorney for Debtor

Date **06/21/2024**

MM / DD / YYYY

Marc C Capone

Printed name

Gillman, Bruton & Capone, LLC

Firm name

60 Highway 71 Unit 2

Number Street

Spring Lake

City

NJ

State

07762

ZIP Code

Contact phone **(732) 528-1166**

Email address **mcapone@gbclawgroup.com**

021401993

Bar number

NJ

State

Fill in this information to identify your case and this filing:

Debtor 1	<u>Jean-Paul</u>	<u>Romes</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Lisa</u>	<u>A. Romes</u>
	First Name	Last Name
United States Bankruptcy Court for the: District of <u>New Jersey</u>		
Case number		

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1 Residence

Street address, if available, or other description

5125 Glenbrook RoadStroudsburg, PA 18360

City State ZIP Code

Monroe

County

What is the property? Check all that apply.

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Source of Value: CMA

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$800,000.00

Current value of the portion you own?

\$800,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Homestead
☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

Debtor **Romes, Jean-Paul; Romes, Lisa A.**

Case number (if known) _____

1.2 **Co-Debtor's Mom's house;
Owned jointly with siblings**

Street address, if available, or other description

1068 Tenth Avenue

Brockway, PA 15824

City State ZIP Code

Jefferson

County

What is the property? Check all that apply.

- ☒ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Source of Value: Redfin

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$110,804.00

Current value of the portion you own?

\$36,565.32

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

☐ **Check if this is community property** (see instructions)

2. **Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here**



\$836,565.32

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- ☐ No
☒ Yes

3.1 **Make:** BMW

Model: Z3 Convertible

Year: 2000

Approximate mileage: 21,000

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$5,400.00

Current value of the portion you own?

\$5,400.00

If you own or have more than one, describe here:

Debtor **Romes, Jean-Paul; Romes, Lisa A.**

Case number (if known) _____

3.2 Make: **BMW** Who has an interest in the property? Check one.
 Model: **528xi** ☐ Debtor 1 only
 Year: **2012** ☐ Debtor 2 only
 Approximate mileage: **55,000** ☒ Debtor 1 and Debtor 2 only
 Other information: ☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **\$8,500.00** Current value of the portion you own? **\$8,500.00**

3.3 Make: **Land Rover** Who has an interest in the property? Check one.
 Model: **Range Rover LWB Supercharged V8** ☐ Debtor 1 only
 Year: **2015** ☐ Debtor 2 only
 Approximate mileage: **116,000** ☒ Debtor 1 and Debtor 2 only
 Other information: ☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **\$24,400.00** Current value of the portion you own? **\$24,400.00**

3.4 Make: **Maserati** Who has an interest in the property? Check one.
 Model: **Levante** ☐ Debtor 1 only
 Year: **2019** ☐ Debtor 2 only
 Approximate mileage: **106,000** ☒ Debtor 1 and Debtor 2 only
 Other information: ☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **\$36,000.00** Current value of the portion you own? **\$36,000.00**

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☐ No
☒ Yes

4.1 Make: **Kubota** Who has an interest in the property? Check one.
 Model: **BX-2380R Lawn Tractor** ☐ Debtor 1 only
 Year: **2021** ☐ Debtor 2 only
 Other information: ☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **\$11,500.00** Current value of the portion you own? **\$11,500.00**

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here →

\$85,800.00

Part 3: Describe Your Personal and Household Items

Debtor **Romes, Jean-Paul; Romes, Lisa A.**

Case number (if known) _____

Do you own or have any legal or equitable interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Household goods and furnishings <i>Examples:</i> Major appliances, furniture, linens, china, kitchenware <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe.	<div style="border: 1px solid black; padding: 5px; width: fit-content;">Miscellaneous Furniture and Appliances</div> <div style="text-align: right; border-top: 1px solid black; width: 100px;">\$10,000.00</div>
7.	Electronics <i>Examples:</i> Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe.	<div style="border: 1px solid black; padding: 5px; width: fit-content;">Televisions, computers, tablets, mobile phones</div> <div style="text-align: right; border-top: 1px solid black; width: 100px;">\$5,000.00</div>
8.	Collectibles of value <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe.	<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="text-align: right; border-top: 1px solid black; width: 100px;"></div>
9.	Equipment for sports and hobbies <i>Examples:</i> Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe.	<div style="border: 1px solid black; padding: 5px; width: fit-content;">Kohler & Campbell Baby Grand Piano</div> <div style="border: 1px solid black; padding: 5px; width: fit-content;">Treadmill, Elliptical, miscellaneous gym equipment</div> <div style="text-align: right; border-top: 1px solid black; width: 100px;">\$10,000.00</div>
10.	Firearms <i>Examples:</i> Pistols, rifles, shotguns, ammunition, and related equipment <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe.	<div style="border: 1px solid black; padding: 5px; width: fit-content;">Pellet rifle, BB gun</div> <div style="text-align: right; border-top: 1px solid black; width: 100px;">\$100.00</div>
11.	Clothes <i>Examples:</i> Everyday clothes, furs, leather coats, designer wear, shoes, accessories <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe.	<div style="border: 1px solid black; padding: 5px; width: fit-content;">Miscellaneous Clothing</div> <div style="text-align: right; border-top: 1px solid black; width: 100px;">\$5,000.00</div>
12.	Jewelry <i>Examples:</i> Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe.	<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="text-align: right; border-top: 1px solid black; width: 100px;">\$1,000.00</div>

Debtor **Romes, Jean-Paul; Romes, Lisa A.**

Case number (if known) _____

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☐ No

☒ Yes. Describe.

Dog

unknown

14. Any other personal and household items you did not already list, including any health aids you did not list

☐ No

☒ Yes. Give specific information.

Miscellaneous items

\$1,000.00

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here →

\$32,100.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☒ No

☐ Yes Cash:

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes

Institution name:

17.1. Checking account:	PNC Bank Account Number: 2001	\$1,610.00
17.2. Checking account:	PNC Bank	\$0.00
17.3. Checking account:	PNC Bank	\$0.00
17.4. Checking account:	PNC Bank Account Number: 4943	\$0.00
17.5. Savings account:	PNC Bank Account Number: 5397	\$1,027.00
17.6. Savings account:	PNC Bank Christmas Club Account Number: 0164	\$0.00
17.7. Other financial account:	Charles Schwab Account Number: 7700	\$332.00

Debtor **Romes, Jean-Paul; Romes, Lisa A.**

Case number (if known) _____

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes Institution or issuer name:

_____	_____
_____	_____
_____	_____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☐ No

☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

Romes Urgent Care Services, LLC	100.00%	\$30,000.00
--	----------------	--------------------

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them.....

Issuer name:

_____	_____
_____	_____
_____	_____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

☒ Yes. List each account separately.

Type of account:

Institution name:

401(k) or similar plan:	ADP	\$110,279.00
-------------------------	------------	---------------------

401(k) or similar plan:	ADP	\$30,702.00
-------------------------	------------	--------------------

Debtor **Romes, Jean-Paul; Romes, Lisa A.**

Case number (if known) _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes

Institution name or individual:

Electric:

Gas:

Heating oil:

Security deposit on rental unit:

Prepaid rent:

Telephone:

Water:

Rented furniture:

Other:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes

Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☒ No

☐ Yes. Give specific information about them. ...

Debtor **Romes, Jean-Paul; Romes, Lisa A.**

Case number (if known) _____

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them. ...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them. ...

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal: _____

State: _____

Local: _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.

Alimony: _____

Maintenance: _____

Support: _____

Divorce settlement: _____

Property settlement: _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information.

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☐ No

☒ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

Pacific Life (Term Policy)

Lisa Romes

unknown

Debtor **Romes, Jean-Paul; Romes, Lisa A.**

Case number (if known) _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information.**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples: Accidents, employment disputes, insurance claims, or rights to sue*☒ No☐ Yes. Describe each claim.**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim.**35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information.**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** →**\$173,950.00****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☐ No. Go to Part 6.☒ Yes. Go to line 38.**Current value of the portion you own?**
Do not deduct secured claims or exemptions.**38. Accounts receivable or commissions you already earned**☐ No☒ Yes. Describe.**\$318,000.00****39. Office equipment, furnishings, and supplies***Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices*☐ No☒ Yes. Describe.**Miscellaneous office furniture, supplies and equipment for the various offices****\$0.00**

Debtor **Romes, Jean-Paul; Romes, Lisa A.**

Case number (if known) _____

40. **Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

☐ No

☒ Yes. Describe.

X-Ray machines (4) and miscellaneous medical equipment (The Debtor's have no access to these items)

\$0.00

41. **Inventory**

☐ No

☒ Yes. Describe.

Medical Supplies

\$0.00

42. **Interests in partnerships or joint ventures**

☒ No

☐ Yes. Describe.

Name of entity:

% of ownership:

_____	_____	_____
_____	_____	_____
_____	_____	_____

43. **Customer lists, mailing lists, or other compilations**

☒ No

☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?

☐ No

☐ Yes. Describe.

44. **Any business-related property you did not already list**

☒ No

☐ Yes. Give specific information.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

45. **Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here** _____ →

\$318,000.00

Part 6:

Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

Debtor **Romes, Jean-Paul; Romes, Lisa A.**

Case number (if known) _____

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

47. **Farm animals**

Examples: Livestock, poultry, farm-raised fish

- ☒ No
☐ Yes

48. **Crops—either growing or harvested**

- ☒ No
☐ Yes. Give specific information.

49. **Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

- ☒ No
☐ Yes

50. **Farm and fishing supplies, chemicals, and feed**

- ☒ No
☐ Yes

51. **Any farm- and commercial fishing-related property you did not already list**

- ☒ No
☐ Yes. Give specific information.

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here



\$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. **Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

- ☒ No
☐ Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here



\$0.00

Debtor **Romes, Jean-Paul; Romes, Lisa A.**

Case number (if known) _____

Part 8: List the Totals of Each Part of this Form

55.	Part 1: Total real estate, line 2	→	\$836,565.32
56.	Part 2: Total vehicles, line 5	<u>\$85,800.00</u>	
57.	Part 3: Total personal and household items, line 15	<u>\$32,100.00</u>	
58.	Part 4: Total financial assets, line 36	<u>\$173,950.00</u>	
59.	Part 5: Total business-related property, line 45	<u>\$318,000.00</u>	
60.	Part 6: Total farm- and fishing-related property, line 52	<u>\$0.00</u>	
61.	Part 7: Total other property not listed, line 54	+ <u>\$0.00</u>	
62.	Total personal property. Add lines 56 through 61.	<u>\$609,850.00</u>	Copy personal property total → + <u>\$609,850.00</u>
63.	Total of all property on Schedule A/B. Add line 55 + line 62.		<u>\$1,446,415.32</u>

Fill in this information to identify your case:

Debtor 1	Jean-Paul		Romes
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Lisa	A.	Romes
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey			
Case number _____ (if known)			

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: Miscellaneous Furniture and Appliances	\$10,000.00	<input checked="" type="checkbox"/> \$700.00	11 U.S.C. § 522(d)(3)
Line from <i>Schedule A/B</i> : 6		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Televisions, computers, tablets, mobile phones	\$5,000.00	<input checked="" type="checkbox"/> \$700.00	11 U.S.C. § 522(d)(3)
Line from <i>Schedule A/B</i> : 7		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Debtor 1 **Jean-Paul** **Romes** Case number (if known) _____
 Debtor 2 **Lisa** **A.** **Romes**
 First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: Pellet rifle, BB gun Line from Schedule A/B: 10	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Miscellaneous Clothing Line from Schedule A/B: 11	\$5,000.00	<input checked="" type="checkbox"/> \$5,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Jewelry Line from Schedule A/B: 12	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Brief description: Miscellaneous items Line from Schedule A/B: 14	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: PNC Bank Checking account Acct. No.: 2001 Line from Schedule A/B: 17	\$1,610.00	<input checked="" type="checkbox"/> \$1,610.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Charles Schwab Brokerage account Acct. No.: 7700 Line from Schedule A/B: 17	\$332.00	<input checked="" type="checkbox"/> \$332.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: ADP Line from Schedule A/B: 21	\$110,279.00	<input checked="" type="checkbox"/> \$110,279.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(12)

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: <u>ADP</u>	<u>\$30,702.00</u>	<input checked="" type="checkbox"/> <u>\$30,702.00</u>	<u>11 U.S.C. § 522(d)(12)</u>
Line from <i>Schedule A/B</i> : <u>21</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Fill in this information to identify your case:

Debtor 1	Jean-Paul		Romes
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Lisa	A.	Romes
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey			
Case number (if known) _____			

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim	Value of collateral that supports this claim	Unsecured portion
Do not deduct the value of collateral.		If any

2.1	Bank of America	Describe the property that secures the claim:	\$14,895.04	\$36,000.00	\$0.00
	Creditor's Name				
	Attn: Bankruptcy	2019 Maserati Levante			
	P.O.Box 17237	As of the date you file, the claim is: Check all that apply.			
	Number Street	<input type="checkbox"/> Contingent			
	Wilmington, DE 19886	<input type="checkbox"/> Unliquidated			
	City State ZIP Code	<input type="checkbox"/> Disputed			
	Who owes the debt? Check one.	Nature of lien. Check all that apply.			
	<input type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)			
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)			
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Judgment lien from a lawsuit			
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Other (including a right to offset) _____			
	<input type="checkbox"/> Check if this claim relates to a community debt				
	Date debt was incurred 12/1/2018	Last 4 digits of account number 1 3 8 0			

Remarks: Auto Loan- 2019 Maserati Levante

Add the dollar value of your entries in Column A on this page. Write that number here: **\$14,895.04**

Debtor 1 **Jean-Paul** **Romes** Case number (if known) _____
 Debtor 2 **Lisa** **A.** **Romes**
 First Name Middle Name Last Name

Part 1:		Column A	Column B	Column C
Additional Page		Amount of claim	Value of collateral	Unsecured
After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.		Do not deduct the value of collateral.	that supports this claim	portion If any
2.2	Flagstar Bank Creditor's Name Attn: Bankruptcy 5151 Corporate Drive Number Street Troy, MI 48098 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred 12/1/2015 Last 4 digits of account number 1 0 2 0 Remarks: Second Mortgage- Residence	Describe the property that secures the claim: Residence 5125 Glenbrook Road Stroudsburg, PA 18360 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) CreditLineSecured	\$87,096.00	\$800,000.00
Add the dollar value of your entries in Column A on this page. Write that number here:		\$87,096.00		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:				

Debtor 1 **Jean-Paul** **Romes** Case number (if known) _____
 Debtor 2 **Lisa** **A.** **Romes**
 First Name Middle Name Last Name

	Additional Page	Column A	Column B	Column C
Part 1:	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any	
2.3	Hamilton Twp Tax Collector Describe the property that secures the claim: <u>unknown</u> Creditor's Name PO Box 308 Number Street 18364 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____ Last 4 digits of account number <u>6</u> <u>8</u> <u>2</u> <u>2</u> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Residence 5125 Glenbrook Road Stroudsburg, PA 18360 </div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	\$800,000.00	\$0.00	
2.4	Kubota Credit Corp, USA Describe the property that secures the claim: <u>\$5,873.16</u> Creditor's Name Attn: Bankruptcy PO Box 2048 Number Street Grapevine, TX 76099 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>6/1/2021</u> Last 4 digits of account number <u>8</u> <u>1</u> <u>8</u> <u>3</u> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 2021 Kubota BX-2380R Lawn Tractor </div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	\$11,500.00	\$0.00	
Remarks: Kubota subcompact law tractor				
Add the dollar value of your entries in Column A on this page. Write that number here:		\$5,873.16		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:				

Debtor 1 **Jean-Paul** **Romes** Case number (if known) _____
 Debtor 2 **Lisa** **A.** **Romes**
 First Name Middle Name Last Name

	Additional Page	Column A	Column B	Column C
Part 1:	After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Amount of claim <small>Do not deduct the value of collateral.</small>	Value of collateral that supports this claim	Unsecured portion <small>If any</small>
2.5	M&T Bank <hr/> Creditor's Name One M&T Plaza <hr/> Number Street Buffalo, NY 14203 <hr/> City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____ Last 4 digits of account number <u>5</u> <u>3</u> <u>0</u> <u>6</u> Remarks: Obligation Number 018	Describe the property that secures the claim: \$1,564,434.37	\$800,000.00	\$764,434.37
	<div style="border: 1px solid black; padding: 2px;"> Residence 5125 Glenbrook Road Stroudsburg, PA 18360 </div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			
2.6	M&T Bank <hr/> Creditor's Name One M&T Plaza <hr/> Number Street Buffalo, NY 14203 <hr/> City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____ Last 4 digits of account number <u>5</u> <u>3</u> <u>0</u> <u>6</u> Remarks: Obligation Number 034	Describe the property that secures the claim: \$1,334,175.79	\$800,000.00	\$534,175.79
	<div style="border: 1px solid black; padding: 2px;"> Residence 5125 Glenbrook Road Stroudsburg, PA 18360 </div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			
	Add the dollar value of your entries in Column A on this page. Write that number here:	\$2,898,610.16		
	If this is the last page of your form, add the dollar value totals from all pages. Write that number here:			

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

	Additional Page	Column A	Column B	Column C	
Part 1:	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any		
2.7	<p>RoundPoint Mortgage Servicing Corporation</p> <p>Creditor's Name</p> <p>Attn: Bankruptcy</p> <p>PO Box 19409</p> <p>Number Street</p> <p>Charlotte, NC 28219-9409</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred <u>7/8/2013</u></p> <p>Remarks: Mortgage - Residence</p>	<p>Describe the property that secures the claim:</p> <div style="border: 1px solid black; padding: 2px;"> <p>Residence</p> <p>5125 Glenbrook Road Stroudsburg, PA 18360</p> </div> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number <u>7</u> <u>3</u> <u>3</u> <u>0</u></p>	\$309,099.00	\$800,000.00	\$0.00
2.8	<p>Stearns Bank N.A.</p> <p>Creditor's Name</p> <p>4191 2nd Street South</p> <p>Number Street</p> <p>Saint Cloud, MN 56301</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____</p> <p>Remarks: Konica Minolta Ultra Light X-ray machine</p>	<p>Describe the property that secures the claim:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number <u>0</u> <u>0</u> <u>0</u> <u>3</u></p>	\$26,624.50	\$0.00	\$26,624.50
Add the dollar value of your entries in Column A on this page. Write that number here:		\$335,723.50			
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		\$3,342,197.86			

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<p>1. <u>US Small Business Administration</u></p> <p>Name _____</p> <p><u>Attn: District Counsel</u></p> <p><u>Two Gateway Center 1002</u></p> <p>Number _____ Street _____</p> <p><u>Newark, NJ 07102</u></p> <p>City _____ State _____ ZIP Code _____</p>	<p>On which line in Part 1 did you enter the creditor? <u>2.5</u></p> <p>Last 4 digits of account number <u>5</u> <u>7</u> <u>4</u> <u>6</u></p>
<p>2. <u>US Small Business Administration</u></p> <p>Name _____</p> <p><u>Attn: District Counsel</u></p> <p><u>Two Gateway Center 1002</u></p> <p>Number _____ Street _____</p> <p><u>Newark, NJ 07102</u></p> <p>City _____ State _____ ZIP Code _____</p>	<p>On which line in Part 1 did you enter the creditor? <u>2.6</u></p> <p>Last 4 digits of account number <u>8</u> <u>2</u> <u>0</u> <u>6</u></p>

Fill in this information to identify your case:

Debtor 1	Jean-Paul	Romes
	First Name	Last Name
Debtor 2 (Spouse, if filing)	Lisa	A. Romes
	First Name	Middle Name
United States Bankruptcy Court for the: District of New Jersey		
Case number (if known)		

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.
☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	Altronics Security Systems	Last 4 digits of account number 0 5 2 9	\$395.52
Nonpriority Creditor's Name		When was the debt incurred?	
824 8th Avenue			
Number	Street		
Bethlehem, PA 18018		As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.2	American Express Business Platinum Card Nonpriority Creditor's Name <u>PO Box 6031</u> Number Street <u>Carol Stream, IL 60197</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3 0 0 3</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	\$71,413.31	
4.3	Amex Nonpriority Creditor's Name <u>Correspondence/Bankruptcy</u> <u>PO Box 981540</u> Number Street <u>El Paso, TX 79998-1540</u> City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0 5 5 3</u> When was the debt incurred? <u>11/1/1990</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	\$49,682.00	

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.4	Amex Nonpriority Creditor's Name Correspondence/Bankruptcy PO Box 981540 Number Street El Paso, TX 79998-1540 City State ZIP Code	Last 4 digits of account number <u>0 4 8 3</u> When was the debt incurred? <u>11/1/1990</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$49,682.00	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.5	AW Billing Services Nonpriority Creditor's Name 4431 N. Dixie Highway Number Street Boca Raton, FL 33431 City State ZIP Code	Last 4 digits of account number <u>5 1 4 2</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$127.40	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utility Bill</u>		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.6	Bank of America Nonpriority Creditor's Name Attn: Bankruptcy P.O.Box 17237 Number Street Wilmington, DE 19886 City State ZIP Code	Last 4 digits of account number <u>5 1 9 4</u> When was the debt incurred? <u>6/1/2001</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$35,737.00	
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt </div> <div style="width: 55%;"> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u> </div> </div>				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.7	Bank of America Nonpriority Creditor's Name Attn: Bankruptcy P.O.Box 17237 Number Street Wilmington, DE 19886 City State ZIP Code	Last 4 digits of account number <u>9 8 0 8</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$55,893.77	
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt </div> <div style="width: 55%;"> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> </div> </div>				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.8	Bankers Healthcare Group, LLC Nonpriority Creditor's Name <u>318 S. Clinton Suite 400</u> Number Street <u>Syracuse, NY 13202</u> City State ZIP Code	Last 4 digits of account number <u>9 8 7 8</u>	When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$22,799.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.9	Blue Ridge Communications Nonpriority Creditor's Name <u>PO Box 316</u> Number Street <u>Palmerton, PA 18071</u> City State ZIP Code	Last 4 digits of account number <u>7 9 0 1</u>	When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$722.18
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.10	Blue Ridge Communications Nonpriority Creditor's Name <u>PO Box 316</u> Number Street <u>Palmerton, PA 18071</u> City State ZIP Code	Last 4 digits of account number <u>9 4 0 1</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	unknown	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.11	CAN Capital Nonpriority Creditor's Name <u>414 W 14th Street</u> Number Street <u>10014</u> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$69,150.00	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
Remarks: Account # 6447 and 6120				

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

	After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.		Total claim
4.12	Carson 1994 Corp/JanPro of Northern NJ Nonpriority Creditor's Name <u>142 Fairfield Rd</u> Number Street <u>Fairfield, NJ 07004</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<u>\$725.06</u>
4.13	Chase Bank - Ink Card Nonpriority Creditor's Name <u>PO Box 6294</u> Number Street <u>Carol Stream, IL 60197</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8 6 8 0</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	<u>\$68,908.00</u>

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.14	Chase Card Services	Last 4 digits of account number	<u>0</u> <u>9</u> <u>0</u> <u>1</u>	<u>\$19,911.00</u>
Nonpriority Creditor's Name		When was the debt incurred?		
<u>Attn: Bankruptcy</u>		<u>2/1/2021</u>		
<u>P.O. 15298</u>		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent		
<u>Wilmington, DE 19850</u>		<input type="checkbox"/> Unliquidated		
City	State	ZIP Code	<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.15	Chase Card Services	Last 4 digits of account number	<u>2</u> <u>2</u> <u>0</u> <u>2</u>	<u>\$4,918.55</u>
Nonpriority Creditor's Name		When was the debt incurred?		
<u>Attn: Bankruptcy</u>		<u>10/1/2022</u>		
<u>P.O. 15298</u>		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent		
<u>Wilmington, DE 19850</u>		<input type="checkbox"/> Unliquidated		
City	State	ZIP Code	<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.16	Citi AAdvantage Business Card Nonpriority Creditor's Name <u>PO Box 71820</u> Number Street <u>Philadelphia, PA 19176</u> City State ZIP Code	Last 4 digits of account number <u>8 8 8 5</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	<u>\$20,180.32</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.17	Citibank Nonpriority Creditor's Name <u>Attn: Bankruptcy</u> <u>P.O. Box 790034</u> Number Street <u>Saint Louis, MO 63179</u> City State ZIP Code	Last 4 digits of account number <u>3 2 0 9</u> When was the debt incurred? <u>6/1/1990</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	<u>\$22,117.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.18	Citibank Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 790034 Number Street Saint Louis, MO 63179 City State ZIP Code	Last 4 digits of account number <u>9 2 4 3</u> When was the debt incurred? <u>5/1/2022</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$21,901.00	
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt </div> <div style="width: 55%;"> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u> </div> </div>				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.19	Citibank Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 790034 Number Street Saint Louis, MO 63179 City State ZIP Code	Last 4 digits of account number <u>1 3 7 5</u> When was the debt incurred? <u>11/1/2001</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$16,842.00	
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt </div> <div style="width: 55%;"> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u> </div> </div>				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.20	Cross River Bank Nonpriority Creditor's Name <u>885 Teaneck Rd</u> Number Street <u>Teaneck, NJ 07666</u> City State ZIP Code	Last 4 digits of account number <u>2</u> <u>2</u> <u>1</u> <u>3</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$240,000.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
Remarks: ERTC				
4.21	Cross River Bank Nonpriority Creditor's Name <u>885 Teaneck Rd</u> Number Street <u>Teaneck, NJ 07666</u> City State ZIP Code	Last 4 digits of account number <u>6</u> <u>1</u> <u>7</u> <u>5</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$160,000.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
Remarks: ERTC				

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

	After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	Total claim
4.22	Discover Financial Nonpriority Creditor's Name Attn: Bankruptcy PO Box 3025 Number Street New Albany, OH 43054 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: Commercial Rent arrears	Last 4 digits of account number <u>6 4 9 6</u> When was the debt incurred? <u>8/1/2003</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>
		\$17,975.00
4.23	Empire Mortgage of CNY Inc. Nonpriority Creditor's Name 112 South Burdick Steet Number Street Fayetteville, NY 13066 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
		\$19,929.80

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

	After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.		Total claim
4.24	ERC Specialists Nonpriority Creditor's Name <u>560 E Timpanogos Circle</u> Number Street <u>Orem, UT 84097</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<u>\$95,618.55</u>
4.25	Experity, Inc. Nonpriority Creditor's Name <u>Attn.: General Counsel</u> <u>8777 Velocity Drive</u> Number Street <u>Machesney Park, IL 61115</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7</u> <u>9</u> <u>4</u> <u>1</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<u>\$36,515.00</u>

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.26	First Insurance Finance Nonpriority Creditor's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	_____ \$27,593.00	
4.27	Henry Shein Medical Supplier Nonpriority Creditor's Name _____ Dept. CH 10560 Number _____ Street _____ Palatine, IL 60055 City _____ State _____ ZIP Code _____ Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3</u> <u>3</u> <u>2</u> <u>6</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	_____ \$10,811.00	

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

	After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.		Total claim
4.28	J. P. Mascaro & Sons Nonpriority Creditor's Name <u>2650 Audubon Rd</u> Number Street <u>Norristown, PA 19403</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<u>unknown</u>
4.29	Jersey Central Power & Light Nonpriority Creditor's Name <u>PO Box 3687</u> Number Street <u>Akron, OH 44309</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8</u> <u>1</u> <u>2</u> <u>2</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<u>\$1,221.97</u>

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.30	M&T Bank Nonpriority Creditor's Name One M&T Plaza Number Street Buffalo, NY 14203 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$153,608.88
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Line of Credit</u>		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.31	Marsden Medical Physics Assoc Nonpriority Creditor's Name 220 Myrtle Ave Number Street Bound Brook, NJ 08805 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$1,300.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.		Total claim
4.32	Marshall's Creek Group LLC Nonpriority Creditor's Name <u>301 Mill Road Suite L6</u> Number Street <u>Hewlett, NY 11557</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$74,327.48 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
4.33	Met Ed Nonpriority Creditor's Name <u>PO Box 3687</u> Number Street <u>Akron, OH 44309</u> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7 2 7 5</u> \$567.24 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utility Bill</u>

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.34	Mirion Technologies Inc.Dosimetry Services Nonpriority Creditor's Name PO Box 101301 Number Street Pasadena, CA 91189 City State ZIP Code	Last 4 digits of account number <u>3</u> <u>2</u> <u>1</u> <u>4</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		\$154.64
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.35	MRDS Marketing/JanPro of Central NJ Nonpriority Creditor's Name 1090 King Georges Post Road Suite 507 Number Street Edison, NJ 08837 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		\$479.82
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.36	Nelnet Nonpriority Creditor's Name Attn: Bankruptcy Claims PO Box 82505 Number Street Lincoln, NE 68501-2505 City State ZIP Code	Last 4 digits of account number <u>0 8 8 9</u> When was the debt incurred? <u>7/1/2002</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$8,895.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.37	Nelnet Nonpriority Creditor's Name Attn: Bankruptcy Claims PO Box 82505 Number Street Lincoln, NE 68501-2505 City State ZIP Code	Last 4 digits of account number <u>0 7 8 9</u> When was the debt incurred? <u>7/1/2002</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$7,011.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.38 NJNG Last 4 digits of account number 2 1 3 4 **\$225.98**

Nonpriority Creditor's Name

1415 Wyckoff Road

Number Street

Belmar, NJ 07719

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Utility Bill

4.39 Optimum Last 4 digits of account number 7 0 1 6 **\$772.45**

Nonpriority Creditor's Name

1111 Stewart Ave

Number Street

Bethpage, NY 11714

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Utility Bill

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.40	Pen Tele Data Nonpriority Creditor's Name PO Box 401 Number Street Palmerton, PA 18071 City State ZIP Code	Last 4 digits of account number <u>5</u> <u>0</u> <u>6</u> <u>0</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utility Bill</u>		\$405.61
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.41	PNC Bank Nonpriority Creditor's Name PO Box Box 71335 Number Street Philadelphia, PA 19176 City State ZIP Code	Last 4 digits of account number <u>4</u> <u>9</u> <u>6</u> <u>4</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>		\$9,297.84
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.42	PNC Bank National Association Nonpriority Creditor's Name <u>One Financial Parkway Mailstop Z1-YB42-01-2</u> Number Street <u>Kalamazoo, MI 49009</u> City State ZIP Code	Last 4 digits of account number <u>9 4 7 2</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$26,076.17
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Remarks: PPP Loan				
4.43	PNC Financial Nonpriority Creditor's Name <u>Attn: Bankruptcy</u> <u>300 Fifth Avenue</u> Number Street <u>Pittsburgh, PA 15222</u> City State ZIP Code	Last 4 digits of account number <u>7 1 1 4</u> When was the debt incurred? <u>10/1/2006</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	\$7,388.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.44	Pocono Retail Associates, LLC Nonpriority Creditor's Name <u>c/o Riverview Management</u> <u>3200 West Market Street Suite 200</u> Number Street <u>44333</u> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$20,433.32
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.45	PPL Electric Nonpriority Creditor's Name <u>PO Box 419054</u> Number Street <u>Saint Louis, MO 63141</u> City State ZIP Code	Last 4 digits of account number <u>3 0 3 0</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$659.42
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utility Bill</u>		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.46	PSE&G Nonpriority Creditor's Name Po Box 14444 Number Street _____ New Brunswick, NJ 08906-4444 City State ZIP Code	Last 4 digits of account number <u>8 7 0 9</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	_____ Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utility Bill</u>	\$443.98
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.47	Regency Centers Nonpriority Creditor's Name Number Street _____ City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	_____ Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$130,870.87
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.48	RLB Accountants Nonpriority Creditor's Name <u>814 Main Street Suite 100</u> Number Street <u>Stroudsburg, PA 18360</u> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$12,632.50
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.49	Solomon Container Service Nonpriority Creditor's Name <u>495 Stanton Street</u> Number Street <u>Wilkes Barre, PA 18702</u> City State ZIP Code	Last 4 digits of account number <u>7 3 3 2</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$236.28
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.50	Suburban Propane Nonpriority Creditor's Name PO Box J Number Street Whippany, NJ 07981 City State ZIP Code	Last 4 digits of account number <u>0</u> <u>3</u> <u>5</u> <u>5</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utility Bill</u>		\$985.24
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.51	U.S. Small Business Administration Nonpriority Creditor's Name 2 North Street Suite 320 Number Street Birmingham, AL 35202 City State ZIP Code	Last 4 digits of account number <u>7</u> <u>9</u> <u>0</u> <u>7</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		\$75,100.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
Remarks: EIDL				

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.52	UGI Utilities Nonpriority Creditor's Name PO Box 1553 Number Street Wilmington, DE 19886 City State ZIP Code	Last 4 digits of account number <u>4</u> <u>8</u> <u>8</u> <u>1</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utility Bill</u>		\$399.39
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.53	Verizon FIOS Nonpriority Creditor's Name PO Box 15124 Number Street Albany, NY 12212 City State ZIP Code	Last 4 digits of account number <u>0</u> <u>1</u> <u>9</u> <u>6</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utility Bill</u>		\$756.59
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.54	Waterview Marketplace Owner LLC Nonpriority Creditor's Name c/o RD Management LLC 810 Seventh Ave. 10th Floor Number Street New York, NY 10019 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$1,965.78
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.55	Waterview Marketplace Owner, LLC Nonpriority Creditor's Name c/o Bisgaier Hoff 25 Chestnut Street Suite 3 Number Street Haddonfield, NJ 08033 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$132,487.16
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
Remarks: Lease Deficiency- Commercial space				

Debtor 1 **Jean-Paul Romes** Case number (if known) _____
 Debtor 2 **Lisa A. Romes**
 First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

<p>1. WebBank</p> <p>Name 215 S. State Street Suite 100 Number Street Salt Lake City, UT 84111 City State ZIP Code</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line 4.11 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number _____</p>
<p>2. Itria Ventures LLC</p> <p>Name One Penn Plaza 3101 Number Street New York, NY 10119 City State ZIP Code</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line 4.20 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number _____</p>
<p>3. Itria Ventures LLC</p> <p>Name One Penn Plaza 3101 Number Street New York, NY 10119 City State ZIP Code</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line 4.21 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number _____</p>
<p>4. A.G. Adjustments, Ltd.</p> <p>Name 740 Walt Whitman Rd. Number Street Melville, NY 11747 City State ZIP Code</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line 4.27 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number _____</p>
<p>5. US Small Business Administration</p> <p>Name Attn: District Counsel Two Gateway Center 1002 Number Street Newark, NJ 07102 City State ZIP Code</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line 4.30 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number _____</p>
<p>6. Newman Williams P.C.</p> <p>Name PO Box 511 Number Street Stroudsburg, PA 18360 City State ZIP Code</p>	<p>On which entry in Part 1 or Part 2 did you list the original creditor?</p> <p>Line 4.44 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Last 4 digits of account number _____</p>

Debtor 1 Jean-Paul Romes Case number (if known) _____
Debtor 2 Lisa A. Romes
First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page

7.	CESC-Covid EIDL Service Center	On which entry in Part 1 or Part 2 did you list the original creditor?
Name <u>14925 Kingston Rd</u>		Line 4.51 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number Street		<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<u>Fort Worth, TX 76155</u>		Last 4 digits of account number _____
City State ZIP Code		
8.	New Jersey Natural Gas	On which entry in Part 1 or Part 2 did you list the original creditor?
Name <u>PO Box 11743</u>		Line 4.54 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number Street		<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<u>Newark, NJ 07101</u>		Last 4 digits of account number <u>0</u> <u>9</u> <u>7</u> <u>0</u>
City State ZIP Code		

Debtor 1 Jean-Paul Romes Case number (if known) _____
 Debtor 2 Lisa A. Romes
 First Name Middle Name Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims from Part 1	6a. Domestic support obligations	6a.	<u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b.	<u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c.	<u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. +	<u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6e.	<u>\$0.00</u>

			Total claim
Total claims from Part 2	6f. Student loans	6f.	<u>\$15,906.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	<u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	<u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. +	<u>\$1,792,344.07</u>
	6j. Total. Add lines 6f through 6i.	6j.	<u>\$1,808,250.07</u>

Fill in this information to identify your case:

Debtor 1	<u>Jean-Paul</u>	<u>Romes</u>
	First Name Middle Name Last Name	
Debtor 2 (Spouse, if filing)	<u>Lisa</u>	<u>A. Romes</u>
	First Name Middle Name Last Name	
United States Bankruptcy Court for the:	<u>District of New Jersey</u>	
Case number (if known)	<u></u>	

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	<div> <div>Name</div> <div> <div>Number</div> <div>Street</div> </div> <div> <div>City</div> <div>State</div> <div>ZIP Code</div> </div> </div>	
2.2	<div> <div>Name</div> <div> <div>Number</div> <div>Street</div> </div> <div> <div>City</div> <div>State</div> <div>ZIP Code</div> </div> </div>	
2.3	<div> <div>Name</div> <div> <div>Number</div> <div>Street</div> </div> <div> <div>City</div> <div>State</div> <div>ZIP Code</div> </div> </div>	
2.4	<div> <div>Name</div> <div> <div>Number</div> <div>Street</div> </div> <div> <div>City</div> <div>State</div> <div>ZIP Code</div> </div> </div>	

Fill in this information to identify your case:

Debtor 1 **Jean-Paul** **Romes**
 First Name Middle Name Last Name

Debtor 2 **Lisa** **A.** **Romes**
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of **New Jersey**

Case number _____
 (if known)

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No
☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? _____. Fill in the name and current address of that person.

 Name of your spouse, former spouse, or legal equivalent

 Number Street

 City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1 MedFirst Urgent Care

 Name

 Number Street

 City State ZIP Code

☐ Schedule D, line _____

☒ Schedule E/F, line **4.31, 4.34**

☐ Schedule G, line _____

3.2 Pocono Urgent Care

 Name

 Number Street

 City State ZIP Code

☐ Schedule D, line _____

☒ Schedule E/F, line **4.1**

☐ Schedule G, line _____

Debtor 1 Jean-Paul Romes Case number (if known) _____
Debtor 2 Lisa A. Romes
First Name Middle Name Last Name

Additional Page to List More Codebtors

Column 1: Your codebtor		Column 2: The creditor to whom you owe the debt
		Check all schedules that apply:
3.3	Romes Urgent Care Services, LLC	
Name _____		<input checked="" type="checkbox"/> Schedule D, line <u>2.5, 2.6, 2.8</u>
Number _____ Street _____		<input checked="" type="checkbox"/> Schedule E/F, line <u>4.2, 4.7, 4.8, 4.9, 4.10, 4.11, 4.12, 4.16, 4.20, 4.21,</u> <u>4.23, 4.24, 4.25, 4.27, 4.29, 4.30, 4.31, 4.32, 4.33,</u> <u>4.35, 4.38, 4.40, 4.41, 4.42, 4.45, 4.46, 4.48, 4.49,</u> <u>4.50, 4.52, 4.53</u>
City _____ State _____ ZIP Code _____		<input type="checkbox"/> Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	<u>Jean-Paul</u>	<u>Romes</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Lisa</u>	<u>A. Romes</u>
	First Name	Middle Name Last Name
United States Bankruptcy Court for the:	<u>District of New Jersey</u>	
Case number (if known)	<u></u>	

Check if this is:

☐ An amended filing☐ A supplement showing postpetition chapter 13 income as of the following date:MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

Debtor 2 or non-filing spouse

☒ Employed ☐ Not Employed☐ Employed ☒ Not EmployedDoctorJean-Paul Romes, MD

Number Street

Number Street

City State Zip Code

City State Zip Code

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

2.

\$0.00\$0.00

3. Estimate and list monthly overtime pay.

3.

+ \$0.00+ \$0.00

4. Calculate gross income. Add line 2 + line 3.

4.

\$0.00\$0.00

Debtor 1
Debtor 2Jean-Paul
Lisa

A.

Romes
Romes

First Name

Middle Name

Last Name

Case number (if known) _____

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here.....→	4.	\$0.00	\$0.00
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00	\$0.00
5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00
5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00
5e. Insurance	5e.	\$0.00	\$0.00
5f. Domestic support obligations	5f.	\$0.00	\$0.00
5g. Union dues	5g.	\$0.00	\$0.00
5h. Other deductions. Specify: _____	5h. +	\$0.00	\$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	\$0.00	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00	\$0.00
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$21,000.00	\$0.00
8b. Interest and dividends	8b.	\$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$0.00
8d. Unemployment compensation	8d.	\$0.00	\$0.00
8e. Social Security	8e.	\$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f.	\$0.00	\$0.00
8g. Pension or retirement income	8g.	\$0.00	\$0.00
8h. Other monthly income. Specify: _____	8h. +	\$0.00	\$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$21,000.00	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$21,000.00	\$0.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +	\$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies	12.	\$21,000.00	\$0.00
		Combined monthly income	
13. Do you expect an increase or decrease within the year after you file this form?			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain:			

Debtor 1
Debtor 2

Jean-Paul
Lisa

A.

Romes
Romes

First Name

Middle Name

Last Name

Case number (if known) _____

8a. Attached Statement

Business Income

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

1. Gross Monthly Income: \$21,000.00

PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

2. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts

TOTAL PAYMENTS TO SECURED CREDITORS \$0.00

3. Other Expenses

TOTAL OTHER EXPENSES \$0.00

4. TOTAL MONTHLY EXPENSES(Add item 2 - 21) \$0.00

PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:

5. AVERAGE NET MONTHLY INCOME(Subtract item 22 from item 1) \$21,000.00

Fill in this information to identify your case:

Debtor 1	<u>Jean-Paul</u>	<u></u>	<u>Romes</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Lisa</u>	<u>A.</u>	<u>Romes</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of New Jersey</u>		
Case number (if known)	<u></u>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

☐ No

☒ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Child

21

☐ No. ☒ Yes.

Child

20

☐ No. ☒ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No

☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$1,901.73

If not included in line 4:

4a. Real estate taxes

4a. \$0.00

4b. Property, homeowner's, or renter's insurance

4b. \$0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$250.00

4d. Homeowner's association or condominium dues

4d. \$0.00

Debtor 1 **Jean-Paul** **Romes**
 Debtor 2 **Lisa** **A.** **Romes**
 First Name Middle Name Last Name

Case number (if known) _____

		Your expenses
5.	Additional mortgage payments for your residence , such as home equity loans	5. <u>\$826.78</u>
6.	Utilities:	
6a.	Electricity, heat, natural gas	6a. <u>\$575.00</u>
6b.	Water, sewer, garbage collection	6b. <u>\$125.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. <u>\$0.00</u>
6d.	Other. Specify: _____	6d. <u>\$0.00</u>
7.	Food and housekeeping supplies	7. <u>\$1,225.00</u>
8.	Childcare and children's education costs	8. <u>\$0.00</u>
9.	Clothing, laundry, and dry cleaning	9. <u>\$275.00</u>
10.	Personal care products and services	10. <u>\$150.00</u>
11.	Medical and dental expenses	11. <u>\$100.00</u>
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. <u>\$600.00</u>
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. <u>\$200.00</u>
14.	Charitable contributions and religious donations	14. <u>\$50.00</u>
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. <u>\$586.36</u>
15b.	Health insurance	15b. <u>\$0.00</u>
15c.	Vehicle insurance	15c. <u>\$544.51</u>
15d.	Other insurance. Specify: _____	15d. <u>\$0.00</u>
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. <u>\$0.00</u>
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1 <u>2019 Maserati Levante</u>	17a. <u>\$1,696.82</u>
17b.	Car payments for Vehicle 2	17b. <u>\$0.00</u>
17c.	Other. Specify: <u>Tractor</u>	17c. <u>\$201.00</u>
17d.	Other. Specify: _____	17d. <u>\$0.00</u>
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. <u>\$0.00</u>
19.	Other payments you make to support others who do not live with you. Specify: _____	19. <u>\$0.00</u>
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a.	Mortgages on other property	20a. <u>\$0.00</u>
20b.	Real estate taxes	20b. <u>\$0.00</u>
20c.	Property, homeowner's, or renter's insurance	20c. <u>\$0.00</u>
20d.	Maintenance, repair, and upkeep expenses	20d. <u>\$0.00</u>
20e.	Homeowner's association or condominium dues	20e. <u>\$0.00</u>

Debtor 1
Debtor 2

Jean-Paul
Lisa

A.

Romes
Romes

First Name

Middle Name

Last Name

Case number (if known) _____

21. **Other.** Specify: _____

21. + \$0.00

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$9,307.20

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$9,307.20

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. \$21,000.00

23b. Copy your monthly expenses from line 22c above.

23b. - \$9,307.20

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$11,692.80

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

None

Fill in this information to identify your case:

Debtor 1	<u>Jean-Paul</u>	<u>Romes</u>	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Lisa</u>	<u>A.</u>	<u>Romes</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of New Jersey</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets

Value of what you own

1. **Schedule A/B: Property** (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	<u>\$836,565.32</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	<u>\$609,850.00</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	<u>\$1,446,415.32</u>

Part 2: Summarize Your Liabilities

Your liabilities

Amount you owe

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	<u>\$3,342,197.86</u>
---	-----------------------

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	<u>\$0.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	<u>+ \$1,808,250.07</u>

Your total liabilities

\$5,150,447.93

Part 3: Summarize Your Income and Expenses

4. **Schedule I: Your Income** (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i>	<u>\$21,000.00</u>
---	--------------------

5. **Schedule J: Your Expenses** (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i>	<u>\$9,307.20</u>
---	-------------------

Debtor 1	Jean-Paul	Romes	Case number (if known) _____
Debtor 2	Lisa A.	Romes	
	First Name	Middle Name	Last Name

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$24,460.73

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.)	<u> \$0.00 </u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u> \$0.00 </u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u> \$0.00 </u>
9d. Student loans. (Copy line 6f.)	<u> \$15,906.00 </u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u> \$0.00 </u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ <u> \$0.00 </u>
9g. Total. Add lines 9a through 9f.	<div style="border: 1px solid black; padding: 5px; display: inline-block;"><u> \$15,906.00 </u></div>

Fill in this information to identify your case:

Debtor 1	<u>Jean-Paul</u>	<u>Romes</u>	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Lisa</u>	<u>A.</u>	<u>Romes</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of New Jersey</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?



No



Yes. Name of person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X

/s/ Jean-Paul Romes

Jean-Paul Romes, Debtor 1

X

/s/ Lisa A. Romes

Lisa A. Romes, Debtor 2

Date 06/21/2024

MM/ DD/ YYYY

Date 06/21/2024

MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	<u>Jean-Paul</u>	<u>Romes</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Lisa</u>	<u>A. Romes</u>
	First Name	Last Name
United States Bankruptcy Court for the:	<u>District of New Jersey</u>	
Case number (if known)	<u></u>	

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
- ☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
- ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
	<input type="checkbox"/> Same as Debtor 1		<input type="checkbox"/> Same as Debtor 1
Number Street	From To	Number Street	From To
City State ZIP Code		City State ZIP Code	
	<input type="checkbox"/> Same as Debtor 1		<input type="checkbox"/> Same as Debtor 1
Number Street	From To	Number Street	From To
City State ZIP Code		City State ZIP Code	

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
- ☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Debtor 1 **Jean-Paul** **Romes**
 Debtor 2 **Lisa** **A.** **Romes**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No

☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Sources of income Check all that apply.
	Gross Income (before deductions and exclusions)	Gross Income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For last calendar year: (January 1 to December 31, <u>2023</u>) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, <u>2022</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$254,564.00	

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

☒ No

☐ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Describe below.	Sources of income Describe below.
	Gross income from each source (before deductions and exclusions)	Gross Income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	_____	_____
For last calendar year: (January 1 to December 31, <u>2023</u>) YYYY	_____	_____
For the calendar year before that: (January 1 to December 31, <u>2022</u>) YYYY	_____	_____

Debtor 1 **Jean-Paul** **Romes**
 Debtor 2 **Lisa** **A.** **Romes**
 First Name Middle Name Last Name

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name				<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
City State ZIP Code				<input type="checkbox"/> Other _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name				
Number Street				
City State ZIP Code				

Debtor 1 **Jean-Paul** **Romes**
 Debtor 2 **Lisa** **A.** **Romes**
 First Name Middle Name Last Name Case number (if known) _____

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?
 Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name				
Number Street				
City State ZIP Code				

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?
 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title Waterview Marketplace Owner, LLC v. Romes Urgent Care Services, LLC Case number LT-000442-24	Civil Action; Landlord Tenant	Superior Court of NJ- Morris County Court Name Number Street City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title Pocono Retail Associates, LLC v. Romes Urgent Care Services, LLC Case number 2737-CV 2024		Common Pleas of Monroe County, PA Court Name Number Street City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
 Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

Debtor 1	Jean-Paul	Romes	Case number (if known) _____
Debtor 2	Lisa A.	Romes	
	First Name	Middle Name	Last Name

_____ Creditor's Name	<table border="1"><thead><tr><th>Describe the property</th><th>Date</th><th>Value of the property</th></tr></thead><tbody><tr><td>_____ Number Street</td><td></td><td></td></tr><tr><td>_____ City State ZIP Code</td><td colspan="2">Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.</td></tr></tbody></table>	Describe the property	Date	Value of the property	_____ Number Street			_____ City State ZIP Code	Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.	
Describe the property	Date	Value of the property								
_____ Number Street										
_____ City State ZIP Code	Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.									

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
- ☐ Yes. Fill in the details.

_____ Creditor's Name	<table border="1"><thead><tr><th>Describe the action the creditor took</th><th>Date action was taken</th><th>Amount</th></tr></thead><tbody><tr><td>_____ Number Street</td><td></td><td></td></tr><tr><td>_____ City State ZIP Code</td><td colspan="2">Last 4 digits of account number: XXXX- _ _ _ _</td></tr></tbody></table>	Describe the action the creditor took	Date action was taken	Amount	_____ Number Street			_____ City State ZIP Code	Last 4 digits of account number: XXXX- _ _ _ _	
Describe the action the creditor took	Date action was taken	Amount								
_____ Number Street										
_____ City State ZIP Code	Last 4 digits of account number: XXXX- _ _ _ _									

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
- ☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
- ☐ Yes. Fill in the details for each gift.

Debtor 1 **Jean-Paul** **Romes**
 Debtor 2 **Lisa** **A.** **Romes**
 First Name Middle Name Last Name Case number (if known) _____

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift _____ Number Street City State ZIP Code Person's relationship to you _____			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
- ☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name _____ Number Street City State ZIP Code			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
- ☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost

Debtor 1 **Jean-Paul** **Romes**
 Debtor 2 **Lisa** **A.** **Romes**
 First Name Middle Name Last Name

Case number (if known) _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
- ☒ Yes. Fill in the details.

Description and value of any property transferred		Date payment or transfer was made	Amount of payment
Gillman, Bruton & Capone, LLC			
Person Who Was Paid	Attorney's Fee		
60 Highway 71 Unit 2		03/22/2024	\$20,000.00
Number Street			
Spring Lake, NJ 07762			
City State ZIP Code			
Email or website address			
Person Who Made the Payment, if Not You			

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☒ No
- ☐ Yes. Fill in the details.

Description and value of any property transferred		Date payment or transfer was made	Amount of payment
Person Who Was Paid			
Number Street			
City State ZIP Code			

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
- ☐ Yes. Fill in the details.

Debtor 1	Jean-Paul	Romes	Case number (if known) _____
Debtor 2	Lisa A.	Romes	
	First Name	Middle Name	Last Name

	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer			
Number Street			
City State ZIP Code			
Person's relationship to you _____			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?
(These are often called *asset-protection devices*.)

- ☒ No
- ☐ Yes. Fill in the details.

	Description and value of the property transferred	Date transfer was made
Name of trust _____		

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
- ☐ Yes. Fill in the details.

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Financial Institution	XXXX- _____	<input type="checkbox"/> Checking	_____	_____
Number Street		<input type="checkbox"/> Savings		
_____		<input type="checkbox"/> Money market		
_____		<input type="checkbox"/> Brokerage		
_____		<input type="checkbox"/> Other _____		
City State ZIP Code				

Debtor 1 **Jean-Paul**
 Debtor 2 **Lisa** **A.** **Romes**
 First Name Middle Name Last Name

Case number (if known) _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

Who else had access to it?		Describe the contents	Do you still have it?
Name of Financial Institution <hr/>			<input type="checkbox"/> No <input type="checkbox"/> Yes
Name <hr/>			
Number Street <hr/>	Number Street <hr/>		
City State ZIP Code <hr/>			

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

Who else has or had access to it?		Describe the contents	Do you still have it?
Name of Storage Facility <hr/>			<input type="checkbox"/> No <input type="checkbox"/> Yes
Name <hr/>			
Number Street <hr/>	Number Street <hr/>		
City State ZIP Code <hr/>			

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
☐ Yes. Fill in the details.

Debtor 1	Jean-Paul	Romes	Case number (if known) _____
Debtor 2	Lisa A.	Romes	
	First Name	Middle Name	Last Name

Where is the property?	Describe the property	Value
Owner's Name _____ Number Street _____ Number Street _____ City State ZIP Code _____ City State ZIP Code		

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
- ☐ Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site _____ Number Street _____ City State ZIP Code _____ City State ZIP Code	Governmental unit _____ Number Street _____ City State ZIP Code _____ City State ZIP Code	

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
- ☐ Yes. Fill in the details.

Debtor 1	Jean-Paul		Romes		Case number (if known) _____
Debtor 2	Lisa	A.	Romes		
	First Name	Middle Name	Last Name		

		Governmental unit	Environmental law, if you know it	Date of notice
Name of site		Governmental unit		
Number	Street	Number	Street	
		City	State	ZIP Code
City	State	ZIP Code		

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
- ☐ Yes. Fill in the details.

		Court or agency	Nature of the case	Status of the case
Case title		Court Name		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
		Number	Street	
Case number		City	State ZIP Code	

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☒ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation
- ☐ No. None of the above applies. Go to Part 12.
- ☒ Yes. Check all that apply above and fill in the details below for each business.

Romes Urgent Care Services, LLC Name Number Street City State ZIP Code	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
	Health Care Business (as defined in 11 U.S.C § 101(27A))	EIN: <u>2 7 - 0 4 1 8 8 0 6</u>
	Name of accountant or bookkeeper	Dates business existed
		From _____ To <u>4/1/2024</u>

Debtor 1	Jean-Paul	Romes	Case number (if known) _____
Debtor 2	Lisa A.	Romes	
	First Name	Middle Name	
		Last Name	

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
- ☐ Yes. Fill in the details below.

Date issued

Name MM / DD / YYYY

Number Street

City State ZIP Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Jean-Paul Romes
Signature of Jean-Paul Romes, Debtor 1

X /s/ Lisa A. Romes
Signature of Lisa A. Romes, Debtor 2

Date 06/21/2024

Date 06/21/2024

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No
- ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
- ☐ Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
District of New Jersey

In re Romes, Jean-Paul

Romes, Lisa A.

Case No. _____

Debtor

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept **\$20,000.00**

Prior to the filing of this statement I have received **\$20,000.00**

Balance Due **\$0.00**

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

B2030 (Form 2030) (12/15)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

06/21/2024

Date

/s/ Marc C Capone

Marc C Capone

Signature of Attorney

Bar Number: 021401993

Gillman, Bruton & Capone, LLC

60 Highway 71 Unit 2

Spring Lake, NJ 07762

Phone: (732) 528-1166

Gillman, Bruton & Capone, LLC

Name of law firm

Fill in this information to identify your case:

Debtor 1	<u>Jean-Paul</u>	<u>Romes</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Lisa</u>	<u>A. Romes</u>
	First Name	Last Name
United States Bankruptcy Court for the:	<u>District of New Jersey</u>	
Case number (if known)	<u></u>	

☐ Check if this is an amended filing

Official Form 122B

Chapter 11 Statement of Your Current Monthly Income

12/21

You must file this form if you are an individual and are filing for bankruptcy under Chapter 11 (other than Subchapter V). If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☐ Not married. Fill out Column A, lines 2-11.
- ☒ Married. Fill out both Columns A and B, lines 2-11.
- ☐ Married and your spouse is NOT filing with you. Fill out Column A, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.¹¹ U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse														
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	<u>\$0.00</u>	<u>\$0.00</u>														
3. Alimony and maintenance payments. Do not include payments from a spouse.	<u>\$0.00</u>	<u>\$0.00</u>														
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	<u>\$0.00</u>	<u>\$0.00</u>														
5. Net income from operating a business, profession, or farm	<table border="0"> <tr> <td></td> <td>Debtor 1</td> <td>Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$23,564.00</u></td> <td><u>\$0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>- <u>\$2,203.27</u></td> <td>- <u>\$0.00</u></td> </tr> <tr> <td>Net monthly income from a business, profession, or farm</td> <td><u>\$21,360.73</u></td> <td><u>\$0.00</u></td> </tr> </table>		Debtor 1	Debtor 2	Gross receipts (before all deductions)	<u>\$23,564.00</u>	<u>\$0.00</u>	Ordinary and necessary operating expenses	- <u>\$2,203.27</u>	- <u>\$0.00</u>	Net monthly income from a business, profession, or farm	<u>\$21,360.73</u>	<u>\$0.00</u>	<table border="0"> <tr> <td>Copy here → <u>\$21,360.73</u></td> <td><u>\$0.00</u></td> </tr> </table>	Copy here → <u>\$21,360.73</u>	<u>\$0.00</u>
	Debtor 1	Debtor 2														
Gross receipts (before all deductions)	<u>\$23,564.00</u>	<u>\$0.00</u>														
Ordinary and necessary operating expenses	- <u>\$2,203.27</u>	- <u>\$0.00</u>														
Net monthly income from a business, profession, or farm	<u>\$21,360.73</u>	<u>\$0.00</u>														
Copy here → <u>\$21,360.73</u>	<u>\$0.00</u>															
6. Net income from rental and other real property	<table border="0"> <tr> <td></td> <td>Debtor 1</td> <td>Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>- <u>\$0.00</u></td> <td>- <u>\$0.00</u></td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> </table>		Debtor 1	Debtor 2	Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>	Ordinary and necessary operating expenses	- <u>\$0.00</u>	- <u>\$0.00</u>	Net monthly income from rental or other real property	<u>\$0.00</u>	<u>\$0.00</u>	<table border="0"> <tr> <td>Copy here → <u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> </table>	Copy here → <u>\$0.00</u>	<u>\$0.00</u>
	Debtor 1	Debtor 2														
Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>														
Ordinary and necessary operating expenses	- <u>\$0.00</u>	- <u>\$0.00</u>														
Net monthly income from rental or other real property	<u>\$0.00</u>	<u>\$0.00</u>														
Copy here → <u>\$0.00</u>	<u>\$0.00</u>															

Debtor 1	Jean-Paul	Romes	Case number (if known) _____
Debtor 2	Lisa	Romes	
	A.		
	First Name	Middle Name	Last Name

7. **Interest, dividends, and royalties**

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
<u>\$0.00</u>	<u>\$0.00</u>

8. **Unemployment compensation**

<u>\$0.00</u>	<u>\$0.00</u>
---------------	---------------

Do not enter the amount if you contend that the amount received was a benefit under

the Social Security Act. Instead, list it here: ↓

For you..... \$0.00

For your spouse..... \$0.00

9. **Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

<u>\$0.00</u>	<u>\$0.00</u>
---------------	---------------

10. **Income from all other sources not listed above.** Specify the source and amount.

Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

If necessary, list other sources on a separate page and put the total below.

Total amounts from separate pages, if any.

+ _____

+ _____

11. **Calculate your total average monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

<u>\$21,360.73</u>	+	<u>\$0.00</u>	=	<u>\$21,360.73</u>
--------------------	---	---------------	---	--------------------

Total average
monthly income

Part 2: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Jean-Paul Romes
Signature of Debtor 1

X /s/ Lisa A. Romes
Signature of Debtor 2

Date 06/21/2024
MM/ DD/ YYYY

Date 06/21/2024
MM/ DD/ YYYY

IN THE UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY
NEWARK DIVISION

IN RE: **Romes, Jean-Paul**
Romes, Lisa A.

CASE NO

CHAPTER 11

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 06/21/2024 Signature /s/ Jean-Paul Romes
Jean-Paul Romes, Debtor

Date 06/21/2024 Signature /s/ Lisa A. Romes
Lisa A. Romes, Joint Debtor

A.G. Adjustments, Ltd.
740 Walt Whitman Rd.
Melville, NY 11747

Altronics Security Systems
824 8th Avenue
Bethlehem, PA 18018

American Express Business
Platinum Card
PO Box 6031
Carol Stream, IL 60197

Amex
Correspondence/Bankruptcy
PO Box 981540
El Paso, TX 79998-1540

AW Billing Services
4431 N. Dixie Highway
Boca Raton, FL 33431

Bank of America
Attn: Bankruptcy
P.O.Box 17237
Wilmington, DE 19886

Bankers Healthcare Group,
LLC
318 S. Clinton Suite 400
Syracuse, NY 13202

Blue Ridge Communications
PO Box 316
Palmerton, PA 18071

CAN Capital
414 W 14th Street
10014

Carson 1994 Corp/JanPro of
Northern NJ
142 Fairfield Rd
Fairfield, NJ 07004

CESC-Covid EIDL Service
Center
14925 Kingston Rd
Fort Worth, TX 76155

Chase Bank - Ink Card
PO Box 6294
Carol Stream, IL 60197

Chase Card Services
Attn: Bankruptcy P.O. 15298
Wilmington, DE 19850

Citi AAdvantage Business
Card
PO Box 71820
Philadelphia, PA 19176

Citibank
Attn: Bankruptcy
P.O. Box 790034
Saint Louis, MO 63179

Cross River Bank
885 Teaneck Rd
Teaneck, NJ 07666

Discover Financial

Attn: Bankruptcy
PO Box 3025
New Albany, OH 43054

Empire Mortgage of CNY Inc.

112 South Burdick Steet
Fayetteville, NY 13066

ERC Specialists

560 E Timpanogos Circle
Orem, UT 84097

Experity, Inc.

Attn.: General Counsel
8777 Velocity Drive
Machesney Park, IL 61115

First Insurance Finance

Flagstar Bank

Attn: Bankruptcy 5151 Corporate Drive
Troy, MI 48098

Hamilton Twp Tax Collector

PO Box 308
18364

Henry Shein Medical Suppler

Dept. CH 10560
Palatine, IL 60055

I tria Ventures LLC
One Penn Plaza 3101
New York, NY 10119

J. P. Mascaro & Sons
2650 Audubon Rd
Norristown, PA 19403

Jersey Central Power & Light
PO Box 3687
Akron, OH 44309

Kubota Credit Corp, USA
Attn: Bankruptcy
PO Box 2048
Grapevine, TX 76099

M&T Bank
One M&T Plaza
Buffalo, NY 14203

Marsden Medical Physics
Assoc
220 Myrtle Ave
Bound Brook, NJ 08805

Marshall's Creek Group LLC
301 Mill Road Suite L6
Hewlett, NY 11557

MedFirst Urgent Care

Met Ed
PO Box 3687
Akron, OH 44309

Mirion Technologies
Inc. Dosimetry Services
PO Box 101301
Pasadena, CA 91189

MRDS Marketing/JanPro of
Central NJ
1090 King Georges Post Road Suite 507
Edison, NJ 08837

Nelnet
Attn: Bankruptcy Claims
PO Box 82505
Lincoln, NE 68501-2505

New Jersey Natural Gas
PO Box 11743
Newark, NJ 07101

Newman Williams P.C.
PO Box 511
Stroudsburg, PA 18360

NJNG
1415 Wyckoff Road
Belmar, NJ 07719

Optimum
1111 Stewart Ave
Bethpage, NY 11714

Pen Tele Data
PO Box 401
Palmerton, PA 18071

PNC Bank
PO Box Box 71335
Philadelphia, PA 19176

PNC Bank National
Association
One Financial Parkway Mailstop
Z1-YB42-01-2
Kalamazoo, MI 49009

PNC Financial
Attn: Bankruptcy 300 Fifth Avenue
Pittsburgh, PA 15222

Pocono Retail Associates, LLC
c/o Riverview Management
3200 West Market Street Suite 200
44333

Pocono Urgent Care

PPL Electric
PO Box 419054
Saint Louis, MO 63141

PSE&G
Po Box 14444
New Brunswick, NJ 08906-4444

Regency Centers

RLB Accountants
814 Main Street Suite 100
Stroudsburg, PA 18360

Romes Urgent Care Services,
LLC

RoundPoint Mortgage
Servicing Corporation
Attn: Bankruptcy
PO Box 19409
Charlotte, NC 28219-9409

Solomon Container Service
495 Stanton Street
Wilkes Barre, PA 18702

Stearns Bank N.A.
4191 2nd Street South
Saint Cloud, MN 56301

Suburban Propane
PO Box J
Whippany, NJ 07981

U.S. Small Business
Administration
2 North Street Suite 320
Birmingham, AL 35202

UGI Utilities
PO Box 1553
Wilmington, DE 19886

US Small Business
Administration
Attn: District Counsel
Two Gateway Center 1002
Newark, NJ 07102

Verizon FIOS
PO Box 15124
Albany, NY 12212

Waterview Marketplace
Owner LLC
c/o RD Management LLC
810 Seventh Ave. 10th Floor
New York, NY 10019

Waterview Marketplace
Owner, LLC
c/o Bisgaier Hoff
25 Chestnut Street Suite 3
Haddonfield, NJ 08033

WebBank
215 S. State Street Suite 100
Salt Lake City, UT 84111

Fill in this information to identify your case:

Debtor 1	<u>Jean-Paul</u>	<u>Romes</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Lisa</u>	<u>A. Romes</u>
	First Name	Middle Name
United States Bankruptcy Court for the: District of <u>New Jersey</u>		
Case number (if known)		

☐ Check if this is an amended filing
Official Form 104

For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an *insider*. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.

		What is the nature of the claim?	Unsecured claim
1	M&T Bank Creditor's Name <u>One M&T Plaza</u> Number Street <u>Buffalo, NY 14203</u> City State ZIP Code Contact Contact phone	<u>An agreement</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): Value of security: Unsecured	<u>\$1,073,533.37</u> <u>\$1,564,434.37</u> <u>\$490,901.00</u> <u>\$1,073,533.37</u>
2	M&T Bank Creditor's Name <u>One M&T Plaza</u> Number Street <u>Buffalo, NY 14203</u> City State ZIP Code Contact Contact phone	<u>An agreement</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): Value of security: Unsecured	<u>\$1,334,175.79</u> <u>\$1,334,175.79</u> <u>\$0.00</u> <u>\$1,334,175.79</u>

Debtor 1 **Jean-Paul** **Romes** Case number (if known) _____
 First Name Middle Name Last Name
 Debtor 2 **Lisa** **A.** **Romes**
 First Name Middle Name Last Name

Unsecured claim

3	Cross River Bank Creditor's Name 885 Teaneck Rd Number Street Teaneck, NJ 07666 City State ZIP Code Contact Contact phone	What is the nature of the claim? Other As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____	\$240,000.00
4	Cross River Bank Creditor's Name 885 Teaneck Rd Number Street Teaneck, NJ 07666 City State ZIP Code Contact Contact phone	What is the nature of the claim? Other As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____	\$160,000.00
5	M&T Bank Creditor's Name One M&T Plaza Number Street Buffalo, NY 14203 City State ZIP Code Contact Contact phone	What is the nature of the claim? Line of Credit As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____	\$153,608.88

Debtor 1 **Jean-Paul** **Romes** Case number (if known) _____
 First Name Middle Name Last Name
 Debtor 2 **Lisa** **A.** **Romes**
 First Name Middle Name Last Name

Unsecured claim

6	Waterview Marketplace Owner, LLC	What is the nature of the claim? Other	\$132,487.16
Creditor's Name c/o Bisgaier Hoff 25 Chestnut Street Suite 3 Number Street Haddonfield, NJ 08033 City State ZIP Code Contact Contact phone		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____	
7	Regency Centers	What is the nature of the claim? Other	\$130,870.87
Creditor's Name Number Street City State ZIP Code Contact Contact phone		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____	
8	ERC Specialists	What is the nature of the claim? Other	\$95,618.55
Creditor's Name 560 E Timpanogos Circle Number Street Orem, UT 84097 City State ZIP Code Contact Contact phone		As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____	
9	Flagstar Bank	What is the nature of the claim? An agreement	\$87,096.00
Creditor's Name Attn: Bankruptcy 5151 Corporate Drive Number Street Troy, MI 48098 City State ZIP Code Contact Contact phone		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured): \$87,096.00 Value of security: \$0.00 Unsecured \$87,096.00	

Debtor 1 **Jean-Paul** **Romes** Case number (if known) _____
 First Name Middle Name Last Name
 Debtor 2 **Lisa** **A.** **Romes**
 First Name Middle Name Last Name

Unsecured claim

10	U.S. Small Business Administration Creditor's Name 2 North Street Suite 320 Number Street Birmingham, AL 35202 City State ZIP Code Contact Contact phone	What is the nature of the claim? Other \$75,100.00 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____
11	Marshalls Creek Group LLC Creditor's Name 301 Mill Road Suite L6 Number Street Hewlett, NY 11557 City State ZIP Code Contact Contact phone	What is the nature of the claim? Other \$74,327.48 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____
12	American Express Business Platinum Card Creditor's Name PO Box 6031 Number Street Carol Stream, IL 60197 City State ZIP Code Contact Contact phone	What is the nature of the claim? Credit Card \$71,413.31 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____
13	CAN Capital Creditor's Name 414 W 14th Street Number Street 10014 City State ZIP Code Contact Contact phone	What is the nature of the claim? Other \$69,150.00 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured _____

Debtor 1 **Jean-Paul** **Romes** Case number (if known) _____
 First Name Middle Name Last Name
 Debtor 2 **Lisa** **A.** **Romes**
 First Name Middle Name Last Name

Unsecured claim

14	Chase Bank - Ink Card Creditor's Name PO Box 6294 Number Street Carol Stream, IL 60197 City State ZIP Code Contact Contact phone	What is the nature of the claim? Credit Card As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured	\$68,908.00
15	Bank of America Creditor's Name Attn: Bankruptcy P.O.Box 17237 Number Street Wilmington, DE 19886 City State ZIP Code Contact Contact phone	What is the nature of the claim? Credit Card As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured	\$55,893.77
16	Amex Creditor's Name Correspondence/Bankruptcy PO Box 981540 Number Street El Paso, TX 79998-1540 City State ZIP Code Contact Contact phone	What is the nature of the claim? CreditCard As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured	\$49,682.00
17	Amex Creditor's Name Correspondence/Bankruptcy PO Box 981540 Number Street El Paso, TX 79998-1540 City State ZIP Code Contact Contact phone	What is the nature of the claim? CreditCard As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured	\$49,682.00

Debtor 1 **Jean-Paul** **Romes** Case number (if known) _____
 First Name Middle Name Last Name
 Debtor 2 **Lisa** **A.** **Romes**
 First Name Middle Name Last Name

Unsecured claim

18	Experity, Inc. Creditor's Name Attn.: General Counsel 8777 Velocity Drive Number Street Machesney Park, IL 61115 City State ZIP Code Contact Contact phone	What is the nature of the claim? Other As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured	\$36,515.00
19	Bank of America Creditor's Name Attn: Bankruptcy P.O.Box 17237 Number Street Wilmington, DE 19886 City State ZIP Code Contact Contact phone	What is the nature of the claim? CreditCard As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured	\$35,737.00
20	First Insurance Finance Creditor's Name Number Street City State ZIP Code Contact Contact phone	What is the nature of the claim? Other As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): _____ Value of security: _____ Unsecured	\$27,593.00

Part 2: Sign Below

Under penalty of perjury, I declare that the information provided in this form is true and correct.

X /s/ Jean-Paul Romes
 Signature of Debtor 1

X /s/ Lisa A. Romes
 Signature of Debtor 2

Date 06/21/2024
 MM / DD / YYYY

Date 06/21/2024
 MM / DD / YYYY

**United States Bankruptcy Court
District of New Jersey**

In re	<u>Romes, Jean-Paul</u>	Case No.	<u></u>
	<u>Romes, Lisa A.</u>	Chapter	<u>11</u>
	Debtor(s)		

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Romes, Jean-Paul; Romes, Lisa A. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [Check if applicable]

06/21/2024
Date

/s/ Marc C Capone
Marc C Capone
Signature of Attorney or Litigant
Counsel for Romes, Jean-Paul; Romes, Lisa A.
Bar Number: 021401993
Gillman, Bruton & Capone, LLC
60 Highway 71 Unit 2
Spring Lake, NJ 07762
Phone: (732) 528-1166
Email: mcapone@qbclawgroup.com